



What do we tell the patient?

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WHAT DO WE TELL THE PATIENT?

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It is not clear what should be told to patients about the risks involved with surgery when they present for total hip replacement. The aim of this study was to ascertain what level of agreement exists between consultant orthopaedic surgeons regarding the amount of information to be given to prospective hip replacement candidates. A questionnaire survey was carried out of all orthopaedic surgeons in Northern Ireland, together with orthopaedic surgeons in training.

A fictitious history was given of a patient, a male, aged 64, unemployed builder's labourer, overweight, moderate smoker, who is of average intelligence. On the basis of the history given, each consultant had to specify for each of nineteen possible statements and risks whether the risk should be definitely mentioned to the patient, worth mentioning to the patient, not worth mentioning to the patient, or definitely do not mention.

A reasonable consensus was reached for the various risk factors presented and measures of consensus varied from 0.54 to 0.84 (1.0 = full consensus, i.e. full agreement). The best agreement was that he may be on crutches for six weeks, that the operation may need to be repeated or revised at some time in the future, that he may have to sleep with a pillow between the legs for three months and that he may be at risk of dislocation of the new joint. There was also good consensus about what he should not be told.

We conclude that it would be possible to identify common risks which, based on consultant opinion, ought to be mentioned to patients presenting for total hip replacement.

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